	مكتب الخدمات الاجتماعية / اسم الموظف / CSO/WORKER NAME	رقم الهاتف / TELEPHONE NUMBER
Washington State **Department of Social & Health Services** وقف الشغل **STOP WORK**	رقم هوية العميل / CLIENT IDENTIFICATION NUMBER	التاريخ / DATE

Section 1: Fill out this section before taking it to your job that has ended.
القسم (1): املأ هذا القسم قبل أن تأخذ الوثيقة إلى وظيفتك التي انتهت.

By signing here, I give my permission to my employer to complete this form for the Department of Social and Health Services. (إنني بإمضائي هنا أسمح لموظفي بملأ هذه الاستمارة وتقديمها لقسم الخدمات الاجتماعية والصحية.)

الإمضاء/SIGNATURE	التاريخ/DATE	الرجاء كتابة اسمك بخط واضح هنا /PLEASE PRINT YOUR NAME HERE

اسم الشركة/NAME OF COMPANY

COMPANY ADDRESS: STREET ADDRESS / الشارع :عنوان الشركة	CITY / المدينة	STATE / الولاية	ZIP CODE / الرمز البريدي

Section 2: The person in the company who knows the employment and pay information fills out this section.
القسم (2): يجب على الموظف في الشركة المُلمّ بمعلومات التوظيف والأجور أن يملأ هذا القسم.

1. What was the last date that the employee worked? _____

2. Amount of final paycheck (before taxes): $_____ Date received: _____

   List the amounts (before taxes) and dates received for other paychecks received in the same month as the final paycheck:

   AMOUNT RECEIVED (BEFORE TAXES)   DATE RECEIVED

   $_____   _____

   $_____   _____

   $_____   _____

   $_____   _____

3. Why did this job end?

   ☐ Lack of work   ☐ Job was temporary/seasonal   ☐ Laid off

   ☐ On leave (such as leave of absence or maternity leave). Is it: ☐ Paid   ☐ Unpaid

   If paid, how much is the employee paid: $_____

   When is the employee expected to return? _____

   ☐ Other: _____

4. Will the employee receive any severance pay? ☐ yes   ☐ No

   IF YES: When will it be received? _____ How much will it be? $_____

5. Can the employee cash out vacation/sick pay? ☐ yes   ☐ No

   IF YES: When will it be received? _____ How much will it be? $_____

6. Can the employee withdraw retirement/pension/401K funds? ☐ yes   ☐ No

   IF YES: When will it be received? _____ How much will it be? $_____

Please provide the following in case we need to contact you:

SIGNATURE	DATE	TELEPHONE NUMBER
PRINT YOUR NAME HERE	POSITION/TITLE	

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